



U.S. Patent App. No. 10/074,021
Docket: 032739.073

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

7/8/03
#46Amdt
A

Application No.: 10/074,021

Examiner: Rodee, Christopher D

Filing Date: 02/14/2002

Group Art Unit: 1756

First Named Inventor: Azuma

For: IMAGE FORMING APPARATUS

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AMENDMENT AND RESPONSE TO OFFICE ACTION

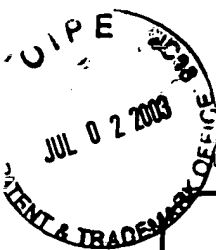
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

INTRODUCTORY COMMENTS

This response is being timely filed in regards of the Office Action that was mailed April 2, 2003.

In that Office Action, the Examiner indicated that pending claims 1-20 were rejected. Applicants request reconsideration of the rejected claims in light of the following claim amendments.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/074,021
	Filing Date	February 14, 2002
	First Named Inventor	Azuma
	Art Unit	1756
	Examiner Name	Rodee, Christopher D
Total Number of Pages in This Submission	Attorney Docket Number	032739.073

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brandon S. Boss - Reg. 46,456
Signature	
Date	July 2, 2003

CERTIFICATE OF MAILING

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